

FORM D



ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR **ŬNIFORM LIMITED OFFERING EXEMPTION** 

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OMB AP	PROVAL							
OMB Number:	3235-0076							
Expires:	May 31,2005							
Estimated average burden								
hours per response	s 16.00							
SEC US	E ONLY							
Prefix	Serial							
DATE RI	CEIVED.							

OMD ADDDOMA

Name of Offering ( check if this is an amendment . The Buchanan Fund III, LLC	and name has changed, and indicate change.)	PROCESSED
Filing Under (Check box(es) that apply):  Rule 50 Type of Filing:  New Filing		] ULOE NOV 07 2003
Type of Fining.		THOMSON FINANCIAL
1. Enter the information requested about the issuer	A. BASIC IDENTIFICATION DATA	FINANCIAL
Name of Issuer ( check if this is an amendment an The Buchanan Fund III. LLC	d name has changed, and indicate change)	
Address of Executive Officers 620 Newport Center Drive, Suite 950, Newport Beach	Telephone Number (Including Area Code) 949-721-1414	
Address of Principal Business Operations (if different from Executive Officers) Same as above	(Number and Street, City, State Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Investment Fund		
Type of Business Organization  corporation business trust	☐ limited partnership, already formed☐ limited partnership, to be formed	☑ other (please specify): Limited liability company
Actual or Estimated Date of Incorporation or Organiz Jurisdiction of Incorporation or Organization (Enter t		
GENERAL INSTRUCTIONS Federal:		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		A. BASIC IDENT	TIFICATION DATA		
<ul> <li>Each beneficial owner</li> <li>Each executive officer</li> <li>Each general and man</li> </ul>	ssuer, if the issuer has be having the power to vo- and director of corpora aging partner of partner	ate issuers and of corporate gaship issuers.	ote or disposition of, 10% of general and managing partners	ers of partnership iss	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if in Ballard, Timothy J.	dividual)				
Business or Residence Address 620 Newport Center Drive, Suite		City, State, Zip Code) CA 92660			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Brunswick, Robert	dividual)				
Business or Residence Address 620 Newport Center Drive, Suite		City, State, Zip Code) CA 92660			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
	(Lice blank	sheet or conv and use addi	tional conies of this sheet as	necessary)	

	B. INFORMATION ABOUT OFFERING						
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	YES	NO				
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?	\$125,0	)00				
3.	Does the offering permit joint ownership of a single unit?	$\boxtimes$					
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.						
Full N	Name (Last name first, if individual)						
Busin	ness or Residence Address (Number and Street, City, State, Zip Code)						
Name	e of Associated Broker or Dealer						
States	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Chec	ck "All States" or check individual States)		All States				
AL IL MT RI	AK         AZ         AR         CA         CO         CT         DE         DC         FL         GA           IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK           SC         SD         TN         TX         UT         VT         VA         WA         WV         WI	HI MS OR WY	ID MO PA PR				
Full N	Name (Last name first, if individual)						
Busin	ness or Residence Address (Number and Street, City, State, Zip Code)						
Name	of Associated Broker or Dealer						
States	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Chec	k "All States" or check individual States)		All States				
AL IL MT RI	AK         AZ         AR         CA         CO         CT         DE         DC         FL         GA           IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK           SC         SD         TN         TX         UT         VT         VA         WA         WV         WI	HI MS OR WY	ID MO PA PR				
Full N	Name (Last name first, if individual)						
Busin	ness or Residence Address (Number and Street, City, State, Zip Code)						
Name	of Associated Broker or Dealer						
States	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers						
(Chec	ck "All States" or check individual States)		All States				
AL IL MT RI	AK         AZ         AR         CA         CO         CT         DE         DC         FL         GA           IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK           SC         SD         TN         TX         UT         VT         VA         WA         WV         WI	HI MS OR WY	ID MO PA PR				

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$-0-	\$-0-
	Equity	\$-0-	\$-0-
	Common Preferred  Convertible Securities (including warrants)	\$-0-	\$-0-
	Partnership Interests	\$-0-	\$-0-
	Other (Specify limited liability company interests)	\$ 58,700,000	\$ 58,700,000
	Total	\$58,700,000	\$58,700,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0? if answer is "none" or "zero."		
		Number Investors	Aggregate Dolla Amount of Purchases
	Accredited Investors	106	\$ 58,700,000
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$100,000
	Legal Fees		\$100,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	$\boxtimes$	\$ 200,000

	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND U	SE OF PRO	OCE	EDS		
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — Ques the issuer."	tion 4.a. This difference is the "adjusted gro	ss proceeds	to		\$	58,500,000
5.	Indicate below the amount of the adjusted gross proceed purposes shown. If the amount for any purpose is not known estimate. The total of the payments listed must equal the a Part C — Quest 4.b above.	wn, furnish an estimate and check the box to	the left of t	he			
					Payments to Officer, Directors, & Affiliates	P	ayments to Others
	Salaries and fees				\$		\$
	Purchase of real estate				\$		\$
	Purchase, rental or leasing and installation of machinery and	equipment			\$		\$
	Construction or leasing of plant buildings and facilities				\$		\$
	Acquisition of other businesses (including the value of secur may be used in exchange for the assets or securities of anoth				\$		\$
	Repayment of indebtedness				\$		\$
	Working capital				\$		\$
	Other (specify): Real Estate Debt & Equity Investments	•					
					\$	$\boxtimes$	\$ <u>58,500,000</u>
	Column Totals		***************************************		\$	$\boxtimes$	\$ <u>58,500,000</u>
	Total Payments Listed (column totals added)				$\boxtimes$	\$ <u>58,5</u>	500,000
		D. FEDERAL SIGNATURE					
an ur	ssuer has duly caused this notice to be signed by the undersign dertaking by the issuer to furnish to the U.S. Securities and Exceedited investor pursuant to paragraph (b)(2) and Rule 502.	ned duly authorized person. If this notice is f schange Commission, upon written request of	iled under R f its staff, the	ule 50 e info	05, the following rmation furnishe	g signat d by th	ure constitutes e issuer to any
	(Print or Type) Signature suchanan Fund III, LLC		Date November	3	2003		
	of Signer (Print or Type)  nothy J. Ballard  CI	gner (Print or Type)					

\_ ATTENTION \_

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presen	ntly subject to any of the disqualification provisions of	such rule?	YES	NO ⊠			
		See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furn	nish to the state administrators, upon writer request, in	formation furnished by the issuer to offer	ees.				
4.	5 1	amiliar with the conditions that must be satisfied to d and understands that the issuer claiming the available	3	_				
The i		ntents to be true and has duly caused this notice to b	e signed on its behalf by the undersigned	d duly aı	ıthorized			
	er (Print or Type) Buchanan Fund III, LLC	Signature	Date November <b>S</b> , 2003					
Name of Signer (Print or Type) Time Hul T. Ballard (T.O.)								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend to s	gell to non- restors in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL		х	\$500,000	1	\$500,000	0	0		X	
AK										
AZ										
AR										
CA		Х	\$31,300,000	97	\$31,300,000	0	0		Χ .	
со										
СТ										
DE						,				
DC .										
FL		х	\$250,000	1	\$250,000	0	О		х	
GA										
НІ										
ID										
IL .										
IN										
IA		Х	\$10,000,000	1	\$10,000,000	0	0		X	
KS										
KY										
LA						,				
ME										
MD		Х	\$500,000	1	\$500,000	0	0		Х	
МА		Х	\$500,000	1	\$500,000	0	0		Х	
МІ			-							
MN										
MS										
МО				-						

## APPENDIX

I	Intend to so accredited invo (Part B-	ell to non-	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)			Disqualific State UL attach exp waiver	5 cation under OE (if yes, planation of granted) (-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МТ									
NE									
NV									
NH									
NJ		Х	\$500,000	ı	\$500,000	0	0		
х									,
NY		_							
NC									
ND									
ОН									
ОК									
OR									
PA									
RI									
sc									
SD									
TN									
TX		х	\$2,625,000	2	\$2,625,000	0	0		Х
UT		х	\$250,000	1	\$250,000	0	0		X
VT									
VA									
WA									
WV									
WI									
WY									
PR						-			